



## Patient Eyeglass Prescription Information

Name: Lisa Boey  
2905 Apt A Rear Madison Ave  
Granite City, IL 62040

Alton  
406 E. Broadway  
Alton, IL 620022417  
Phone: (618) 462-7611  
Fax: (314) 231-4774

Date of EG Exam: 05/26/2017

Eyeglass Rx Type Multifocal

Prescription Expiration Date: 05/26/2018

	Sphere	Cyl	Axis	Add	Prism / Dir	Prism / Dir	Slab off	Balanced
450 525 Right (OD)	+2.75	-0.50	090	1.75				
Left (OS)	+3.50	-0.50	090	1.75				

I have examined your eyes in accordance with current regulations.

Doctor Signature

Christina Levi  
Doctor Name